



## IDEAS AND INFLUENCES

### Online social communities: how they can influence the spread and uptake of practice development

Joe Henry

Planys Cloud Ltd, Dunfermline, Scotland  
Email: [joe@planys.com](mailto:joe@planys.com)

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#### Introduction

Social networks seem to have permeated every aspect of our lives: Facebook for friends and family, LinkedIn for professional relationships, forums and chat rooms for our interests and hobbies. While some may scoff at the idea of having hundreds of 'friends' – most of whom have never been met in person – there is no doubt that social networks have changed the way we behave in terms of sharing our thoughts and experiences.

But can this new behaviour, underpinned by public acceptance of social media technology, be harnessed to accelerate the dissemination and uptake of best practice in professional environments such as in nursing and healthcare?

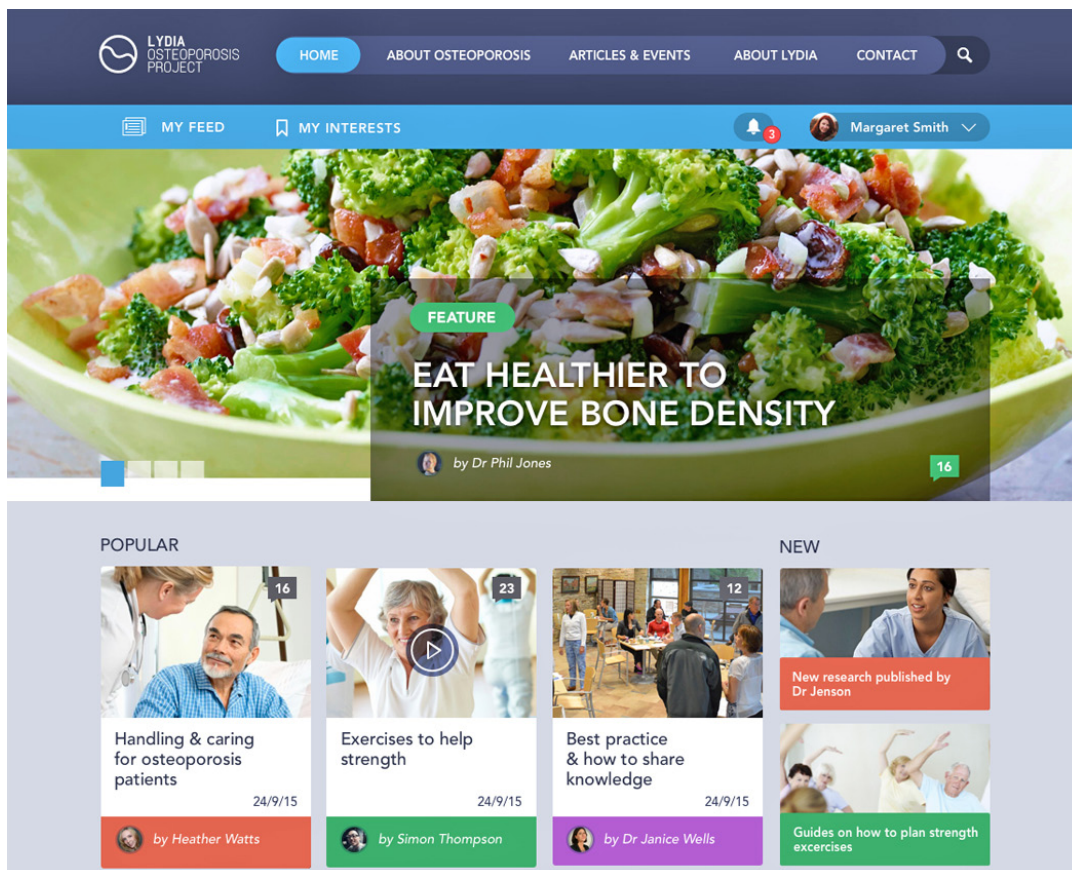
Of course it can – and here are some of my thoughts on how.

A virtual social community is any collection of individuals bound together by subscription to an online service. This could be a simple forum or a more complex social network; these are only really differentiated by the level of sophistication in functions and facilities available to the subscriber. An example of such a resource is the Lydia Osteoporosis Project at Queen Margaret University, Edinburgh (see Further information, below).

There are few people now who do not understand the power that a forum discussion has to draw you back once you have posted a comment yourself. Add to this the power to specify your areas of interest (using subject tagging) and re-engagement techniques such as push notifications to inform you that another user has replied or posted something that you may be interested in and we have a highly compelling communication platform that's always 'on' and accessible almost everywhere. This is the idea of 'user-stored-value' – the underlying compulsion that social media builds on.

In a professional context, there is a strong drive to be connected to other professionals; to access information, share knowledge, demonstrate prowess, compare progress, to belong to an elite group. In fact, this drive is so strong that the question of belonging to a relevant social network is more likely to be 'why not?' than 'why?' So, how can this motivation of individuals to be part of an online community be used to help further practice development?

Figure 1: Personalised profile page in an online community



A key consideration is time. It is well understood that time is often at a premium for healthcare staff, so it is vitally important to maximise its use. From a technology perspective this means accurately predicting what users will want to have at their fingertips as soon as they go online. In a virtual community this can be achieved using a range of tools such as:

- Membership of groups and sub-groups based on professional interests
- Keyword tags that can be used to fine-tune content
- Re-engagement methods such as sharing, notifications and ratings that draw the user to items other users positively identify as interesting or useful

Video can be used to convey complex sets of information in a condensed and efficient format. Smartphone technology now makes it very easy and cost effective to create and publish video content. In addition, users can choose to engage at their own convenience; the information is there 24/7 to be accessed via smartphone, tablet or laptop, so there's always an opportunity to catch up.

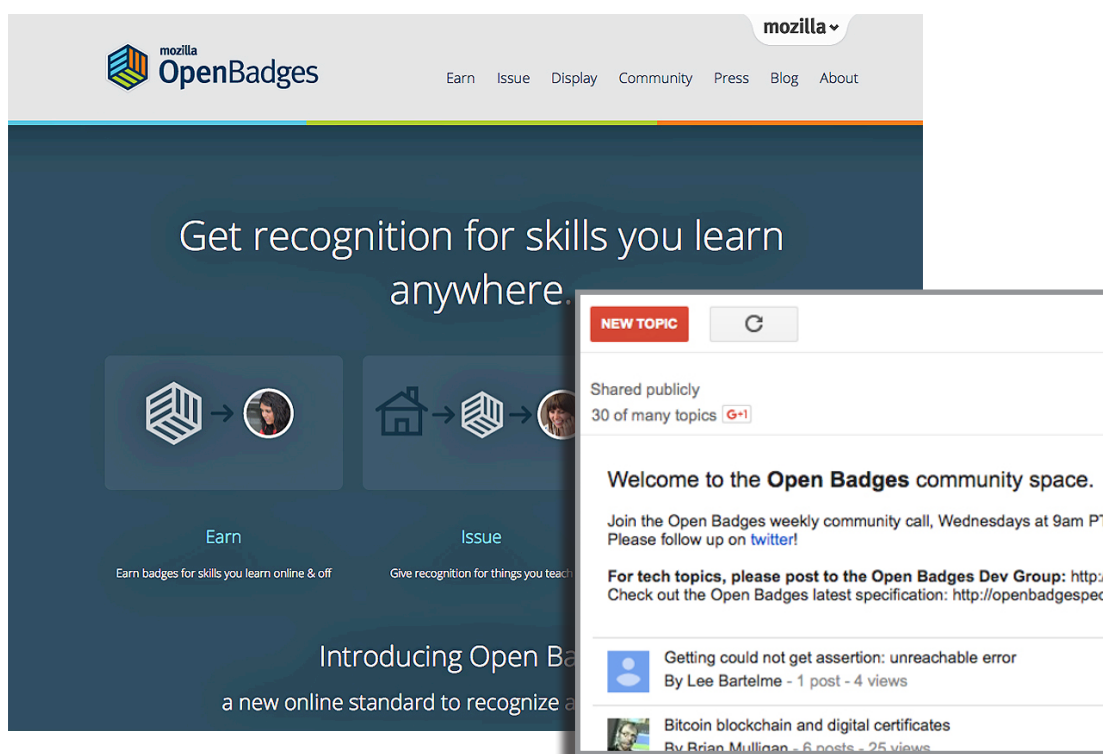
So, with the most interesting and relevant content at the user's fingertips, the next facility that online communities offer is conversation. But in a professional context, this conversation is not social chat – it's generated in reaction to defined content elements, such as blog entry by a leading researcher in a particular subject matter. It's an opportunity to share ideas and real-life experiences in response to specific stimulus. In this way ideas, outcomes and opinions can be quickly and effectively shared. The effect of this is to greatly accelerate the dissemination of up-to date developments in practice.

In such an environment it's natural for debate to blossom and for consensus to emerge. And the ability to capture and store conversations online allows the identification of relevant trends and issues. So it's possible for group administrators to select items and issues that will be of increasing interest to the group in terms of informing discussion and backfilling deficiencies in understanding.



In a similar sense an online community could be used as a place to issue, collect and display informal achievements, skills and capabilities. An example of this is [Mozilla Open Badges](#), which offers a method of verifying an individual's skills and achievements outwith formal education and training qualifications. A virtual social network for nurses could, for example, issue an Open Badge award for practice development, for example, skills in listening or empathy. There are no formal qualifications in these areas but there is no doubt that they are important professional skills that can be worn with pride.

**Figure 3: Online communities can promote CPD via shared information**



In summary, whether it's for sharing and debating best practice in bite-sized chunks or managing CPD, online communities offer excellent opportunities for practice development based on what is now accepted consumer technology and social behaviours. The increasing influence of these networks means evidence, including research, will be shared more quickly and in ways that are more engaging and 'immediate'.

#### Further information

The [Lydia Osteoporosis Project](#) at Queen Margaret University, Edinburgh aims to investigate the care of older people with a confirmed diagnosis of osteoporosis in acute care, with particular reference to their moving and handling needs, and to develop, implement, evaluate and share more widely, an education intervention for healthcare staff to raise awareness of osteoporosis and increase knowledge and skills in the care of older people with this condition.

**Joe Henry (MA)**, Founding Director, Planys Cloud, Dunfermline, Scotland.

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